





To: Senator Tim Carpenter, Chair

Members of the Committee on Public Health, Senior Issues, Long Term Care and Privacy

From: Jim Murphy, Executive Director – WALA

LuAnne Barnet, President – RSA Patti Mueller, President – CAPOW

Date: Wednesday, December 5, 2007

Re: Concern with SB-283\AB-493 as Currently Drafted

On behalf of the memberships of the Community Alliance of Providers of Wisconsin (CAPOW), Residential Services Association of Wisconsin (RSA), and the Wisconsin Assisted Living Association (WALA) we oppose passage of Senate Bill 283 and Assembly Bill 493 as currently proposed.

Our respective organizations absolutely support the best quality treatment and care of persons with Alzheimer's disease or related dementia in residential care facilities. In addition, we commend the intent of Senator Darling and Representative Krusick to improve Wisconsin's care delivery system.

However, it is our belief that Senate Bill 283 and Assembly Bill 493 have been drafted too broadly and does not adequately identify the problems that this legislation is meant to resolve, nor does the legislation as it is currently drafted provide sufficient guidelines for the department to follow to create the proposed rules.

It is our experience that existing state statute, administrative rule and department policies may already provide the necessary regulation and enforcement tools that the department and its respective internal divisions require to deal with inadequate care and treatment issues.

Our organizations respect and have an excellent working history of with organizations advocating for resident\patient rights, including the Wisconsin Alzheimer's Association Chapter Network.

Our organizations are committed to promoting quality care through best practices, education, training, regulation, and sensible enforcement. Our member facilities strive to provide the best care and treatment to all of our residents.

Although we oppose SB-283 and AB-493 as currently drafted, we welcome the opportunity to work with the authors of this legislation and the various stakeholders to identify and resolve quality of care issues. If there are issues that may require changes to state law, we want to work with the various groups to define and obtain the best solution to meet the needs of the persons we care for.

If you should require any additional information please feel free to contact us, or our government relations representative - Forbes McIntosh.

Thank you.



December 5, 2007

To: The Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy

From: Gail Sumi, State Issues Advocacy Director - 608-286-6307

Re: Support Standards for Alzheimer's Units - Senate Bill 283

Thank you for allowing me to testify today in support of Senate Bill 283, related to setting standards for Alzheimer's units. I am Gail Sumi, State Issues Advocacy Director at AARP Wisconsin. Pat Finder-Stone, AARP Wisconsin State President was hoping to be here today, but decided not to drive down. AARP has 825,000 members in Wisconsin.

AARP Wisconsin supports Senate Bill 283. We thank Senators Darling and Coggs, Representative Krusick and the other co-sponsors for recognizing the need and authoring this bill.

Current law allows for nursing homes, residential care facilities and home health agencies to promote special services for Alzheimer's or related dementia but does not set any criteria regarding the care that is provided.

Most families already assume that government has set standards for the care of their loved ones and that they are getting what was advertised. But that is not always the case.

By setting standards this bill would provide family members with "truth in advertising." They will have the information they need to compare facilities, to know where appropriate care is available and to know that they are getting the care that they paid for.

Regardless of whether the goal of this proposal is accomplished by administrative rule or through legislation, AARP Wisconsin supports the goal of providing consumers with transparency. Allowing families to compare facilities based on price and actual services offered will help them to make good long term care decisions for their family members.

Thank you for your consideration.



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TESTIMONY

Before the Senate Committee
On Public Health, Senior Issues, Long Term Care and Privacy
5 Dec 2007

Chairman Carpenter, members of the committee, Good Afternoon.

I am William P. Donaldson, Counsel to the Board on Aging and Long Term Care. I appear today to speak in favor of SB 283, the Dementia Standards bill.

Long Term Care Ombudsman Program is a unit of the state's Board on Aging and Long Term Care. This program is charged by both state and federal law to advocate for the health, safety, well-being and interests of residents of Wisconsin's nursing homes and assisted living facilities. For years, our Ombudsmen have been being called by families of residents with dementia who are in obvious distress when it becomes apparent that the promise of specialized care for their loved one is not forthcoming.

The Board on Aging and Long Term Care's Long Term Care Ombudsman Program deals regularly with situations brought about because families have placed their loved ones afflicted with the horrible disease into facilities with the understanding that the provider is prepared to offer specialized services for the programming, care and treatment of Alzheimer's Disease or another dementia. When it becomes apparent that, like those of a used car salesman, the provider's promises are not born out in practice, the resident and her family suffer a profound loss of trust in the system and the resident does not receive the level of care that would be optimal for her condition. We can no longer allow this "sucker punch" to be delivered to these residents and their families.

Sen. Darling and Rep. Krusick have crafted a proposal that would, at the minimum, require facilities that claim to have special skills to care for and programming specially designed for the extraordinarily vulnerable population that we are talking about to actually demonstrate that those things are a regular part of their care plans. This is, as I said, a bare minimum that we should ask of providers.

I understand that the long term care provider industry would prefer to see the basic topics and the scope of the regulations to be drafted as one of the provisions of SB 283. The Board on Aging and Long Term Care does not object in principle to this proposal, but we fear that this could add significant time to the process and unnecessarily delay the implementation of this much-needed resident protection. If it is determined that the Legislature will include the framework of the proposed regulations in the bill, itself, the Board on Aging and Long Term Care is eager to participate and to see the task accomplished in a timely fashion. The residents who are afflicted with Alzheimer's Disease and dementia cannot afford to wait.

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TO:

Senator Tim Carpenter, Chair, and Members of the Senate Committee on

Public Health, Senior Issues, Long Term Care and Privacy

FROM:

Jim McGinn, WHCA

DATE:

December 5, 2007

RE:

Senate Bill 283

The Wisconsin Health Care Association (WHCA) is a statewide organization which represents 180 proprietary, non-profit, and municipal nursing homes as well as community based residential facilities, residential care apartment complexes, and other providers of long-term care services.

WHCA recognizes the Legislature's concerns with providing our state's frail elderly and disabled with the highest quality of life and care in nursing homes and all long-term care settings. Our members share your concerns with providing this care to residents with Alzheimer's disease or related dementia.

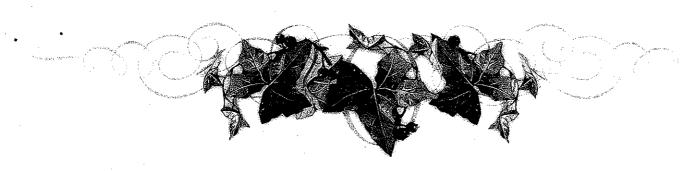
However, WHCA is opposed to SB 283, which requires DHFS to establish administrative rules relating to the care and treatment for people with Alzheimer's disease that all long-term care providers must satisfy prior to caring for them.

It is difficult for WHCA to oppose legislation focused on the delivery of care to individuals with Alzheimer's or dementia. Our mission is to provide a safe, homelike, activity based environment that allows Alzheimer's and dementia related residents the independence to choose areas of activity or rest as they desire, which is no different that the authors of this bill.

However, a few meetings with DHFS staff over a 7-month period to develop permanent administrative rules may not be the appropriate course of action to take with respect to Alzheimer's residents. WHCA would suggest that perhaps the authors and interested parties review Admission Information material our facilities share with family members prior to admission to determine if our standards are sufficient.

For your information, I have attached material that was shared with Representative Peggy Krusick and me at a meeting and tour we both attended recently at Willow Court Memory Care Neighborhood at Mount Carmel, Greenfield.

Thank you.

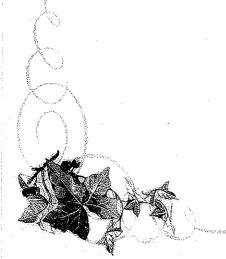


Willow Court Memory Care Neighborhood

Admission Information



5700 West Layton Avenue Greenfield, WI 53220 (414) 281-7200





Dear Friend.

Thank you for your interest in Willow Court. Willow Court is a 42 bed Memory Care Neighborhood that is designed to focus exclusively on the needs of individuals with mid-stage dementia. It provides a home-like environment with varying levels of stimulation based on the needs of the residents.

In addition to the home-like environment, we have also provided intensive dementia training for Willow Court staff members. Education sessions will also be held on an on-going and as needed basis. This training allows us to provide the best care possible for our resident experiencing memory loss.

Included in this packet you will find:

- ♦ Our Mission
- ♦ Alzheimer's Disease Bill of Rights
- ♦ Willow Court Admission/Discharge Criteria & Acknowledgement
- Willow Court Admission Agreement
- ♦ Authorization to Photograph & Photo Release
- ♦ Shadow Box Information
- ♦ Allen Cognitive Level Assessment Profile
- ♦ A Mini-Mental State Examination

ukHovland

Thanks again for your interest. I hope that you will find Willow Court as comforting and inviting as I do.

Sincerely,

Ruth Hovland, RN, BA, MA

Willow Court

"To love a person
Is to learn the
Song that is in their
Heart
And sing it
To them
When they have
Forgotten"

L. Decker

Willow Court is a homelike, activity-based environment that allows residents with Alzheimer's disease or other related dementias the independence to choose areas of activity or rest as they desire.

Residents with memory loss require Willow's low stress environment. Modulation of the day is accomplished through structured activities and normalization activities which are "failure free tasks or work". These tasks help nurture a sense of purpose, a feeling of belonging and gives meaning to the resident's lives.

Willow's staff helps the residents focus on what memories remain, not on what has been lost.

<u>Dementia:</u> A group of symptoms characterized by a decline in intellectual functioning severe enough to interfere with a person's normal daily activities and social relationships.

Alzheimer's Disease: The most common cause of dementia among older people. It is marked by progressive, irreversible declines in memory, performance of routine tasks, time and space orientation, language and communication skills, abstract thinking, and the ability to learn and carry out mathematical calculations. Other symptoms of Alzheimer's disease include personality changes and impairment of judgment.

Mission

Mount Carmel, LLC, a Benedictine Health System facility, is committed to providing compassionate and competent services to all we serve. Providing quality of care and quality of life is our commitment to our residents. We achieve this through the Benedictine Core Values of hospitality, respect, stewardship and justice. We provide quality care and services to those in need, enhancing quality of life by meeting the physical, spiritual and emotional needs of those we serve, as well as preserving their dignity. Support for our residents, family members, employees and all others is the philosophy of Mount Carmel. We serve the community as an employer and resource, striving to assist our community, especially the poor and the powerless.

Hospitality

Listening to and accepting other opinions, warmly welcoming all customers, promoting creative thoughts and ideas.

Respect

Valuing and caring about each other, honoring the dignity of all work, encouraging involvement in decision making, accepting spiritual and cultural differences.

Stewardship

Making responsible decisions related to material and monetary resources, promoting conservation of all resources.

Justice

Promoting open and fair decision making, being non-judgmental in our approach to others, accepting our current responsibilities while looking forward to a positive future.

Willow Court Mission

We dedicate ourselves to preserving the dignity of residents experiencing Alzheimer's and other related dementias, by providing respect, loving care and compassion.

Alzheimer's Disease Bill of Rights

Every person diagnosed with Alzheimer's disease or a related disorder deserves the following rights:

To be informed of one's diagnosis

To have appropriate, ongoing medical care

To be productive in work and play for as long as possible

To be treated like an adult, not like a child

To have expressed feelings taken seriously

To be free from psychotropic medications, if possible

To live in a safe, structured, and predictable environment

To enjoy meaningful activities that fill each day

To be outdoors on a regular basis

To have physical contact, including hugging, caressing and hand-holding

To be with individuals who know one's life story, including cultural and religious traditions

To be cared for by individuals who are well trained in dementia care

Criteria for Admission/Discharge to Willow Court

PURPOSE

To establish criteria for admission/discharge to Willow Court in order to assure the residents residing in this memory care neighborhood will benefit from the specialized programming.

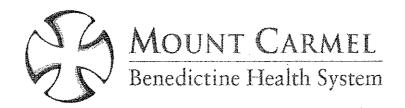
POLICY

It is the policy of this facility that the criteria for admission/discharge to Willow Court will be followed in order to assure that the residents residing in this memory care neighborhood will benefit from the specialized programming.

GUIDELINES

- 1. The physician must establish a primary diagnosis of Alzheimer's or other related dementias.
- Needs to be determined that the cognitive loss is not a result of head injury, mental illness
 or mental retardation. Note: People with traumatic brain injury, mental illness or mental
 retardation have different needs.
- 3. The resident demonstrates behaviors associated with dementia such as memory loss (short and long term), poor judgment, disorientation to person, place and time, decreased attention span, mood fluctuations, wandering and exit-seeking, expression of anxiety centering on specific fantasy, catastrophic reaction.
- 4. The resident must not be harmful to themselves or others(See note 2).
- 5. The resident must not require a skilled level of nursing care (IV's, enteral feedings, O2).
- 6. The degree of nursing care needed must not outweigh the opportunity of the resident to benefit from the daily structured programming and normalization activities. Residents needs are best met in an activity based environment (See note 1).
- 7. Residents must be ambulatory, self-propelling in a wheelchair or use of an assistive device, such as walkers or canes. No Geri-chairs should be in this neighborhood.
- 8. The presence of a Mini Mental State Examination (Folstein, Folstein & McHugh, 1975) score of 10 or above.

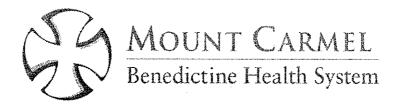
 The presence of an Allen Cognitive Level (Claudia Allen, 1985) of 3.4 to 4.4.
- 9. All residents must have a legal guardian or an activated Power of Attorney for Healthcare.
- 10. The resident must be able to participate and complete feeding within an average of 45 minutes with assistance.
- 11. The resident must meet all requirements of general nursing home placement.
- Note 1: All residents who meet the above criteria will be admitted on a trial basis to insure suitability of the resident to the program.
- Note 2: Behavioral aggression, whether physical or verbal, will not be an exclusion criterion, but will be limited to no more than 2 residents with these problems residing in this neighborhood at one time.



ADMISSION & DISCHARGE CRITERIA

Acknowledgement of Receipt

I,	, have					
received the Admission & Discharge Criteria for Willow Court.						
I have reviewed and understand this information.						
Date:						
	Signature of Resident					
	Signature of Guardian					
	Signature of Guardian					
	Signature of Legal Representative					
	Facility Representative					



Date:
Re:
Dear:
On behalf of the Willow Court Memory Care Wing, it is a pleasure caring for your loved one. At this point, while your loved one is still appropriate for the Willow Court Memory Care Wing, he/she is approaching the time when he/she will no longer meet the criteria for this unit.
The purpose of this letter is simply to inform you of the change that the Interdisciplinary Care Plan Team has noted and that a transfer off of Willow Court may occur in the near future when a change of condition establishes that your loved one no longer meets the criteria.
Please feel free to call me with any questions or concerns you may have. My telephone number is Thank you.
Sincerely,
Social Services

Willow Court Memory Care Admission Agreement

I agree to placement on Willow Court and understand the need for such placement is due to the following (circle appropriate items):

- 1. Confused wanderer with documentation of risk of harm to self.
- 2. Behavior management problems that require close supervision within a confined area exhibited by aggressive behavior towards self and others.
- 3. Potential vulnerability to abuse from others due to inappropriate behavior.
- 4. Inability to care for self due to cognitive/neurological impairment.

I have reviewed the mission and objectives for the Dementia Unit with Social Services.

All prohibited items such as smoking materials, perfumes, mouthwash, drinkable items and sharp/dangerous objects will be turned in to the nursing station to ensure resident's safety. Wallet, time card, money and any identification will be locked up by nurse until family arrives.

Respons	sible	Party
		,

Authorization to Photograph and Photo Release

I hereby authorize Mount Carmel, and its agents or empty, and I consent to t	
(Resident's name)	3
photographs:	
 for an identification reality orientation photograph to resident's room; for collage type photos on the wing; and 	be displayed outside of the
• for Medication Administration Record identification.	
I understand that this Authorization will expire one year	from the date below.
I understand that I may revoke this Authorization by giv revocation to Mount Carmel, Director of Social Services	
I understand that revocation of this Authorization will no reliance of this Authorization prior to receipt of my writ	
Name:	
Address:	
	-
Signature:	
Relationship to Resident:	_
·	
Date:	

Dear Family Member or Advocate,

To best meet the needs of our residents on Willow Court, we are asking two things from family members:

- 1) Shadow Box Items
- 2) Personal Items which have special meaning for the Resident (in standard-size shoe box, labeled with Resident's name)

With regard to Shadow Box Items:

Willow Court has been gifted with Shadow Boxes outside each resident's room. These boxes measure 5" high x 8" wide x 2" deep and are meant for you to fill with memorabilia. This box is used as a "wayfinding tool" to help your loved one recognize his/her room and to symbolically capture the essence of your loved one. Shadow Box items could include a copy of a photo of parents or a sibling, a wedding photo, an item representing a past hobby, etc. Please do not send items of high monetary value.

With regard to *Personal Items which have special meaning - "Memory Box"*: We are asking you to collect several personal items with special meaning to the resident along with a shoebox to contain the items. These items will provide comfort and help retain past experiences reflecting joyful times in their lives and should fit in a standard-size shoe box. Examples of items might be...a refrigerator magnet, quilting or knitting square, pictures of family members, pets, home (these should be covered in plastic, and names and dates should be written on the back describing the picture), coin purse, measuring spoons, lady's or men's cloth handkerchief, small unbreakable knick-knack, favorite music tape, or any item that holds a special meaning. They should be inexpensive and large enough to prevent being accidentally ingested by the resident.

Please label the shoe box with the resident's name. These *Memory Boxes* will be offered to the resident to promote comfort, security, and an opportunity to reminisce about favorite memories.

Simply bring in the Shadow Box and Memory Box items at your earliest convenience and give to a staff member in the Activity Department.

Thank you for your cooperation.

Sincerely,

The Staff of Willow Court

ALLEN COGNITIVE LEVELS

Functional Implications of the Cognitive Level

The severity of an illness, as it affects the individual's ability to function, is measured by 6 cognitive levels.

- LEVEL 6.0 The individual experiences no cognitive disability. The individual anticipates the consequences of his or her actions. An effective course of action is planned. Individual can accomplish set goals on an independent basis and can adjust routine schedule to meet demands of daily life.
- LEVEL 5.0 Mild decline in abstract thought. Has ability to learn new things. Hazards are not anticipated by the individual. Requires supervision in using dangerous or expensive products.
- LEVEL 4.0 Memory, judgment, reasoning and planning are obviously and/or very impaired. Does not have the ability to learn new things. Actions are goal-directed to complete a FAMILIAR activity. The routine ADL's may be done independently. Assistance is required to solve any problems presented by the ENVIRONMENT and to protect from unseen hazards.
- LEVEL 3.0 CONSISTENT prompting, cueing and sequencing are needed to complete simple tasks due to memory loss. Structure of daily routines need to be consistent. The hands are used to reach for and grasp objects. Repetitive manual actions are common without an understanding of the end result. Constant supervision is required to protect the resident from harm.
- LEVEL 2.0 No recognition of objects or knowledge of them and individual needs total care. The individual may control gross body movement to sit up, stand up, walk and do push/pull exercises. Adaptive equipment that protects the individual from hazardous postural movements or supports a functional position is indicated.
- LEVEL 1.0 24 hour care with comfort measures. The individual responds to external stimulus. A general response, like a change in heart rate usually precedes a specific response to noxious stimuli, followed by additional stimuli like bells, voices, pictures or mobiles.
- **LEVEL 0** The individual is alive but in a coma. No conscious control of movement is evident.

MINI-MENTAL STATE EXAMINATION

Potential 1	resident's name		Date	
Score	Maximum Score	ORIENTATION		
	5	What is theyearsea	sondatedaymonth?	
	5	Where are we: whatco	ountrystatecountycityplace?	
	3	REGISTRATION Name three objectsapp I will be asking you then	plebookcoatname them after me. n again later so try to remember them.	
	5	9386797265) S	t backwards by 7 (stop after 5 answers: Score one point for each correct answer. ask, ask the person to spell "world" ord spelling (Score one	
	3	RECALL Repeat the three objects veach correct answer.)	we talked about before. (One point for	
	2 1 3	LANGUAGE Naming: Show a watch and a pen and ask the person to name. Repetition: Repeat the following: "no ifs, ands, or buts". 3 Stage Command: Follow these commands, "Take a paper in		
	1 1 1	your right hand, fold it in half, and put it on the table." Reading: Read and do the following, "CLOSE YOUR EYES.' Writing: Write a sentence. Copying: Copy the design on reverse side.		
	30	Total score possible	24-20 = Significant cognitive disfunction 20 or less = Found in people with dementia	
Examiner:			file: minimental 6/99	